

Effective December 29, 1999

Application or Docket Number

109579736

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |  |             |   |                               | SMALL ENTITY TYPE - ( |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|--|-------------|---|-------------------------------|-----------------------|------------------------|----|----------------------------|------------------------|
| FOR   |  |   | NUMBER FILED                             |             |   | NUMBER EXTRA                  |                       | ·FEE                   |    | RATE                       | FEE                    |
| BASIC FEE   |  |   |  |             |   |                               |                       | 345.00                 | OR | // N                       | 690.00                 |
| TOTAL CLAIMS  |  |   | 17                                       | minus 20    | T   |                               | X\$ 9=                |                        | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |   | 2  | minus 3     | = *   | = <b>*</b>                    |                       |                        | OR | X78=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |  |             |   |                               | +130=                 |                        | OR | +260=                      | ·                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |             |   |                               | TOTAL                 |                        | OR | TOTAL                      | (CA)                   |
|   | CI   | MENDED  | SMALL ENTITY O                           |             |   | OTHER THAN<br>OR SMALL ENTITY |                       |                        |    |                            |                        |
| AMENDMENT A   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |  | 20.3        | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                 | RATE                  | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   |  | Minus       | **  | =                             | X\$ 9=                | 1                      | OR | X\$18=                     | 1,55                   |
|   | Independent                                    | *   |  | Minus       | ***   | =                             | X39=                  |                        | OR | X78=                       |                        |
|   | FIRST PRESE                                    | NTATIO  | N OF ML                                  | ILTIPLE DEP | ENDENT CLAIM                                  |                               | +130=                 |                        | OR | +260=                      |                        |
|   |  |   |  |             |   |                               | TOTAL                 |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|   |  |   | ADDIT. FEE                               |             |   | ADDIT. FEE                    |                       |                        |    |                            |                        |
| AMENDMENT B   | o  | REMA<br>AF                                      | IMN 1)<br>AIMS<br>AINING<br>TER<br>DMENT |             | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                 | RATE                  | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   |  | Minus       | **  | = .                           | X\$ 9=                | _                      | OR | X\$18=                     |                        |
| AMEI  | Independent                                    | *   |  | Minus       | ***   | =                             | X39=                  |                        | OR | X78=                       |                        |
| F   | FIRST PRESE                                    | +130=   |  | OR          | +260=   |                               |                       |                        |    |                            |                        |
|   |  |   |  |             |   |                               | TOTAL<br>ADDIT, FEE   | ·                      | OR | TOTAL<br>ADDIT. FEE        |                        |
|   |  |   | ımn 1)                                   |             | (Column 2)                                    | (Column 3)                    |                       |                        |    |                            |                        |
| AMENDMENT C   |  | REMA  | AIMS<br>AINING<br>TER<br>IDMENT_         |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA              | RATE                  | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   |  | Minus       | **  | =                             | X\$ 9= ·              |                        | OR | X\$18=                     |                        |
|   | Independent                                    | *   |  | Minus       | ***   | =                             | X39=                  |                        | OR | X78=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |             |   |                               | +130=                 |                        | OR | +260=                      |                        |
|   | If the entry in colu                           |   | TOTAL                                    |             | OR  | TOTAL                         |                       |                        |    |                            |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |             |   |                               |                       |                        |    |                            |                        |